

This record is a partial extract of the original cable. The full text of the original cable is not available.

C O N F I D E N T I A L SECTION 01 OF 03 TAIPEI 003325

SIPDIS

STATE PASS AIT/W

E.O. 12958: DECL: 10/22/2014

TAGS: [AORC](#) [PREL](#) [TBIO](#) [TW](#) [ESTH](#)

SUBJECT: DEMARCHE ON WHO INTERNATIONAL HEALTH REGULATIONS

REF: STATE 225331

Classified By: AIT Deputy Director David J. Keegan, Reason: 1.4 (B/D)

1. (C) Summary: AIT Econ Chief delivered reftel talking points to MOFA Department of International Organizations (DIO) and the Taiwan Center for Disease Control (CDC) on October 21. DIO provided additional detail about its proposal to add language to Article 65 of the draft International Health Regulations (IHRs) and requested US assistance in getting it accepted. AIT expressed support of Taiwan's goal of being included in an international surveillance system, but emphasized the importance of timing and getting the substantive portions of the regulations agreed. To this end, AIT urged Taiwan to closely coordinate its position and strategy with the US delegation. DIO said a lesson was learned at the May meeting of the WHO, concluding that it was not in Taiwan's interest to derail the revision of the IHRs by prematurely proposing its amendment. CDC said it understood and was satisfied with the US position on the IHRs and would continue expanding its surveillance and response capabilities to safeguard global public health. End Summary.

MOFA Requests Help Amending Article 65

2. (C) AIT Econ Chief called on MOFA Deputy Director General for International Organizations Jieh Wen-Chieh on October 21 to convey the reftel demarche. Jieh explained that Taiwan was sending a delegation to the meeting under the cover of an NGO, and said that Nicaragua had submitted a proposal to amend Article 65 of the IHRs to allow Taiwan to be included in the global disease surveillance program. He requested US assistance in getting it accepted and provided AIT with a set of talking points supporting Taiwan's participation (see para 6). AIT stated that the US was still examining Taiwan's proposed language for Article 65 of the IHRs and could not comment at this time.

Not in Taiwan's Interest to Derail Proceedings

3. (C) AIT suggested Taiwan's "NGO" delegation should coordinate with the US delegation before the meeting. Jieh agreed, saying that Taiwan would welcome any pre-negotiation discussions. He said that Taiwan did not want to make a "sudden attack" or provoke a heated debate. Jieh said that Taiwan had learned a lesson during the May WHO meeting that it is not in Taiwan's interest to derail the proceedings by prematurely bringing the controversial topic of Taiwan and the WHO into the debate. He said Taiwan would be reasonable, but was committed to seeing its cause brought up.

CDC: Taiwan will be Cooperative and Patient

4. (C) AIT also called on the new CDC Director Steve H.S. Kuo. Kuo assumed the position on October 18 after four years in Washington as the TECRO Health Advisor. After AIT conveyed the reftel talking points, Kuo noted the issue of IHRs was not necessarily linked to Taiwan's main concern, which was participation in the WHO. He said he understood that the US goal of revising the IHRs was to bring a measure of transparency to countries like China and Vietnam. He said he agreed that it would not be productive to block progress on that issue or give China an excuse to delay reform by prematurely bringing up the controversial topic of Taiwan's WHO membership.

5. (C) Kuo said his agency would be cooperative and patient, promising to remain open and transparent about public health issues. Taiwan would not become an information "black hole" on public health to blackmail the world into allowing it access to the WHO. He said he agreed that Taiwan's interests are best served if it tries to set an example for good conduct, plays by the rules, and proves to the world that it has much to contribute to global health. Kuo warned, however, that some in Taiwan question this strategy, saying it is flawed because if Taiwan already provides the world with everything, there is no incentive for other countries to allow it access to the WHO. He said it was important for the US to push harder for Taiwan's expanded role in the WHO to prevent such voices from getting stronger.

16. (C) Begin verbatim text.

Talking Points for Supporting Taiwan's Participation in the International Health Regulations (IHR)

(1) The importance of the principles of "universality" and "inclusiveness" cannot be overemphasized in the International Health Regulations (IHR). Dr. Jong-wook LEE, Director-General of the World Health Organization (WHO), recognized the importance of those principles in his address to the World Health Assembly (WHA) on May 18, 2004, by stating that "the SARS epidemic showed us that we cannot afford any gap in our global surveillance and response network."

(2) Epidemics and other international health risks do not recognize political borders. It is of paramount importance that the IHR should apply to people, conveyances, cargos (sic), containers, and the like from both Member States and non-members of the WHO if the WHO is to cope effectively with any health risk of international magnitude (e.g. SARS). This is not a political issue, but a health one. The effectiveness of the IHR should not be compromised by any unwarranted obstruction.

(3) The forthcoming IHR cannot afford excluding Taiwan. Taiwan is not only the 15th largest trading power in the world, but also one of the most important international transportation hubs linking Northeast Asia and Southeast Asia.

-- (1) In addition to its 23 million people, Taiwan's health administration annually has to deal with the health matters of 22.4 million international air passengers, 161,847 international flights, 51,000 international-serviced vessels and hundreds of millions of tons of international cargo.

-- (2) Moreover, the Taipei Flight Information Region (Taipei FIR), an area covering around 200,000 square kilometers designated by the International Civil Aviation Organization (ICAO), with 12 major international air routes as well as 4 domestic air routes passing through it, constitutes an integrated route network. Over 1.54 million flights receive air traffic control services within the Taipei FIR annually. This area is an important international air services market in the world, where the annual international passenger traffic volume is around 22.4 million passengers and the freight traffic volume is around 1.47 million tons. There are 38 airlines operating international scheduled services in this area, among them 32 foreign carriers, which fly into and from there around 150,000 flights each year. None other but Taiwan's health administration can enforce the new IHR and handle any health-related crises emerging from such a huge international traffic volume.

-- (3) It is indisputable that only Taiwan's health administration and health authorities can enforce the new IHR and handle public health emergencies related to such a huge volume of international traffic.

(4) In addition, while the 23 million people of Taiwan are entitled to equal and fair protection within the new IHR system, Taiwan is also committed to doing its part by working together with the world community and contributing its resources and experience in order to advance the noble goal of health for all peoples.

(5) In order to make IHR more inclusive, an amendment to Article 65 (\*1) in the current draft of the IHR will be needed. The text (\*2) presented by the Nicaragua government is generally conducive in that regard. My government strongly supports Nicaragua's proposal and wants to see the amendment of the Article 65 of the draft of IHR in accordance with the Nicaragua text.

(6) Articles 65 and 59 of the IHR draft regulate the participation of States who are not members of the WHO to the new IHR. Article 65 provides the conditions and procedure for non-WHO member states to become a party to the new IHR.

There are two separate c o n d i t i o n s for States not members of the WHO to become a party to the IHR:

- Already existing legal grounds: Any State, that is not a member of the WHO, needs to be a party to at least one of the existing 11 conventions, regulations and similar agreements as listed in Article 59; or,

- On "invitation" by the Director General: Any State, that is not a member of the WHO, receives from the WHO's Director General a notification of the adoption of the IHR by the WHA.

The p r o c e d u r e to become a party to the IHR first

requires from the non-member State to meet one of the two conditions mentioned above. After that, it will need to notify its acceptance of the IHR to the Director General. Finally, entry into force will become effective upon the day of the entry into force of the IHR, or, if the acceptance is notified after, three months after the date of receipt by the Director General.

- The Republic of China, or Taiwan, in the past has signed 6 of the 11 conventions, regulations and similar agreements as listed in Article 59 (\*3).

- It is proposed that an amendment be made to Article 65 to include, in addition to non-member states, any entity with a separate health administration as well. Otherwise, under the current language, it seems only the Holy See and Liechtenstein will be qualified.

-----  
(\*1) Article 65 of the current IHR working paper:

"Any State not a Member of WHO, which is a party to any international sanitary agreement or regulations listed in Article 59 or to which the Director-General has notified the adoption of these Regulations by the Health Assembly, may become a party hereto by notifying its acceptance to the Director-General and, subject to the provisions of Article 62, such acceptance shall become effective upon the date of entry into force of these Regulations, or, if such acceptance is notified after that date, three months after the date of receipt by the Director-General of the notification of acceptance".

(\*2) The comments presented by the Nicaragua government:

"Any State not Member (sic) of WHO, which is a party to any conventions, regulations, and similar agreement listed in Article 48 or to which the Director-General has notified the adoption of these Regulations by the World Health Assembly, may become a party hereto by notifying its acceptance to the Director-General. In the same way, due to the importance of participation of those areas that have independent systems of health, these can be parts in the same one, also signing their acceptance to the Director-General and, subject to the provisions of Article 50, such acceptance shall become effective upon the date of entry into force of these Regulations, or, if such acceptance is notified after that date, three months after the date of receipt by the Director-General of the notification of acceptance."

(\*3) The 6 (six) international health conventions refereed (sic) to in Article 59 of the current draft which were signed by the Republic of China on Taiwan are:

- International Sanitary Convention, signed in Paris, 21 January 1926;

- International Sanitary Convention for Aerial Navigation, signed at the Hague, 12 April 1933;

- International Sanitary convention (sic), 1944, modifying the International Sanitary Convention of 21 June 1926, opened for signature in Washington, 15 December 1944;

- Protocol of 23 April 1946 to prolong the International Sanitary Convention, 1944, signed in Washington;

- Protocol of 23 April 1946 to prolong the International Sanitary Convention for Aerial Navigation, 1944, signed in Washington;

- International Sanitary Regulations, 1951, and the Additional Regulations of 1955, 1956, 1960, 1963, and 1965.

End verbatim text.  
PAAL